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(910) 896-1300 FAX (910) 896-1020

RECEIVED
N.C. Dept. of EHNR
SEP 23 1994
Winston-Salem
Regional Office

Ms. Sabre Elder, Groundwater Supervisor
Division of Environmental Management
Winston-Salem Regional Office
8025 Northpoint Blvd., Suite 100
Winston-Salem, NC 27106

September 23, 1994

Reference: Notice of Intent to Permanently Close USTs at 601 Service Center (Fac. ID#0-033623) and Petroleum Transport Co. (Fac. ID#0-000692).

Dear Ms. Elder:

Attached are two GW/UST-3 forms for two adjacent sites located in the 2200 block of Rockford St. (Hwy 601), in Mount Airy, NC. I spoke to you on the phone the morning of September 23, 1994 regarding notification of our intent to remove tanks from the 601 Service Center. At the time, I was unaware that there were actually two facility ID numbers and two tank owners, different from the property owner. The properties are owned by Mr. Kester Sink of Mount Airy. Mr. Sink intends to remove the USTs indicated on the UST-3 forms from both facilities on October 3, 1994.

GeoScience & Technology, P.A. (GeoSci), acting as agents for Mr. Sink, intends that our phone conversation, this letter, and the attached UST-3 forms satisfy the notification requirements. GeoSci will notify the Surry County Fire Marshal's office of Mr. Sink's intent to remove USTs during the week of September 26.

Please do not hesitate to call (896-1300) if you have questions regarding the tank closure or the attached UST-3 forms.

Sincerely,
GEO SCIENCE & TECHNOLOGY, P.A.

Peter H. DeVries
Project Geologist

Phd/phd

cc: Mr. Kester Sink
29 Hollyview Farm Rd.
Mount Airy, NC 27030

GW/UST-3	Notice of Intent: UST Permanent Closure or Change-in-Service	RECEIVED N.C. Dept. of ENR SEP 23 1994 Winston-Salem
FOR TANKS IN NC	Return Completed Form To: The appropriate DEM Regional Office according to the county of the facility's location. [SEE REVERSE SIDE OF OWNER'S COPY (PINK) FOR REGIONAL OFFICE ADDRESS].	State Use Only I. D. Number _____ Date Received _____

INSTRUCTIONS

Complete and return thirty (30) days prior to closure or change-in-service.

Regional Office

I. OWNERSHIP OF TANK(S)	II. LOCATION OF TANK(S)
Tank Owner Name: <u>H.L. & S.A. Hennis, Jr., Inc</u> <small>(Corporation, Individual, Public Agency, or Other Entity)</small> Street Address: <u>2226 Rockford St.</u> County: <u>Surry</u> City: <u>Mt. Airy</u> State: <u>NC</u> Zip Code: <u>27030</u> Tel. No. (Area Code): <u>910 786-2155</u>	Facility Name or Company: <u>Petroleum Transport, Co. Inc</u> Facility ID # (if available): <u>0-000692</u> Street Address or State Road: <u>2226 Rockford St.</u> County: <u>Surry</u> City: <u>Mt. Airy</u> Zip Code: <u>27030</u> Tel. No. (Area Code): <u>910 786-8051</u>

III. CONTACT PERSON

Name: Kester Sink Job Title: Property Owner Telephone Number: (910) 786-8051

IV. TANK REMOVAL, CLOSURE IN PLACE, CHANGE-IN-SERVICE

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Contact Local Fire Marshall.
2. Plan the entire closure event.
3. Conduct Site Soil Assessments.
4. If Removing Tanks or Closing in Place refer to API Publications 2015 "Cleaning Petroleum Storage Tanks" & 1604 "Removal & Disposal of Used | Underground Petroleum Storage Tanks".
5. Provide a sketch locating piping, tanks and soil sampling locations.
6. Fill out form GW/UST-2 "Site Investigation Report for Permanent Closure" and return within 30 days following the site investigation. | 7. The site assessment portion of the tank closure must be conducted under the supervision of a Professional Engineer or Licensed Geologist. After January 1, 1994, all closure site assessment reports must be signed and sealed by a P.E. or L.G.
8. Keep closure records for 3 years. |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

V. WORK TO BE PERFORMED BY:

(Contractor) Name: A & D Environmental Services
 Address: 2718 Uwharrie Rd, Archdale State: NC Zip Code: 27263
 Contact: Amy Tedder Phone: (910) 434-7750
 Primary Consultant: GeoScience & Technology, P.A. Phone: (910) 896-1300

VI. TANK(S) SCHEDULED FOR CLOSURE OR CHANGE-IN-SERVICE

TANK ID#	TANK CAPACITY	LAST CONTENTS	PROPOSED ACTIVITY		
			CLOSURE		CHANGE-IN-SERVICE
			Removal	Abandonment In Place	New Contents Stored
<u>1</u>	<u>20,000 gal</u>	<u>Diesel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>2</u>	<u>"</u>	<u>"</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title: Peter H. DeVries, Project Geologist *Scheduled Removal Date: 10/3/94
 Signature: Peter H. DeVries Date Submitted: 9/23/94

*If scheduled work date changes, notify your appropriate DEM Regional Office 48 hours prior to originally scheduled date.